12-01	-0	4	n dereg
(S) TED A NEMET	37°A-16		

PART B - FEE

Complete and this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

23913 7	CE ADDRESS (Note: Use Block for 590 09/23/2004	rony clange of oddress)	papers. Each addition have its own certifica	of mailing can only be used his certificate cannot be used nal paper, such as an assignm ate of mailing or transmission	tent or formal drawing, mu
PFIZER INC 150 EAST 42ND S 51H FLOOR - ST NEW YORK, NY	OP 49	:: 	I hereby certify that States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Trai this Fee(s) Transmittal is be; with sufficient postage for f aid Stop ISSUE FEE addres PTO (703) 744-4000, on the	ismission ing deposited with the Unite first class mail in an envelor is above, or being facsimi date indicated below.
1/2004 GWDRDOF2 00000	0007 09506078	۶.	Marie My	Lally	(Depositor's pani
C:1501 C:8001	1370.00 OP 30.00 OP		November		(Da)
APPLICATION NO.	FILING DATE	FIRST NAI	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
nonprovisional	SMALL ENTITY NO	\$1250 1370°	PUBLICATION FEE So	SISSO 1370	DATE DUE: 12/22/2004
	MINER	ARTUNIT	CLASS-SUBCLASS	7°	., 2,224,2004
(<u> </u>	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		<u>.d</u> ;	
1. Change of correspondence	HANON A re address or indication of "F	1648 ce: Address* (37 2. For s	424-192100 printing on the patent front page,	list Ed-	1 E Dobboro
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1 Change of correspondence of the correspondence o	e address or indication of "F	Correspondence (2) the ation form to fa Customer (2 cests)	printing on the patent front page, names of up to 3 registered pate its OR; alternatively, name of a single firm (having as red attorney or agent) and the natered patent attorneys or agents. I	ent attorneys 1 Edward 2 Kennet mes of up to	l F. Rehberg th I. Kohn ASSOCIATES P
1. Change of correspondenc CFR 1.363). 1. Change of correspond Address form PTO/SB/1 1. "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	re address or indication of "F dence address (or Change of 22) attached. ition (or "Fee Address" Indic or more recent) attached. Us DRESIDENCE DATA TO I i an assignee is identified b n 37 CFR 3.11. Completion	Correspondence (2) the register is of a Customer (2) the register (2) the register (2) the register (2) the register (3) the register (4) the register (4) the register (5) the	printing on the patent front page, names of up to 3 registered patents OR, alternatively, as of a single firm (having as ted attorney or agent) and the natered patent attorneys or agents. I so name will be printed. INT (print or type) appear on the patent. If an assignted for filing an assignment.	is member a miss of up to fine name is 3 Kohn &	ch I. Kohn Associates P
1. Change of correspondenc CFR 1363). Change of correspond Address form PTO/SB/I "Fee Address" indica PTO/SB/47, Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	re address or indication of "F dence address (or Change of 22) attached. ition (or "Fee Address" Indic or more recent) attached. Us DRESIDENCE DATA TO I i an assignee is identified b n 37 CFR 3.11. Completion	Correspondence ation form to of a Customer BE PRINTED ON THE PATE action, no assignee data will a of this form is NOT a substite (B) RESIDE	printing on the patent front page, names of up to 3 registered patents OR, alternatively, name of a single firm (having as red attorney or agent) and the nattered patent attorneys or agents. I no name will be printed. INT (print or type) appear on the patent. If an assignment, or illing an assignment. INCE: (CITY and STATE OR CO	is member a miss of up to fine name is 3 Kohn &	ch I. Kohn Associates P
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer Inc.	ce address or indication of "F derice address (or Change of 22) attached. ition (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E and assignee is identified b in 37 CFR 3.11. Completion	Correspondence (1) the or agent (2) the ation form the of a Customer (2) register (3) BE PRINTED ON THE PATE (1) of this form is NOT a substitute (B) RESIDE (New York)	printing on the patent front page, names of up to 3 registered patents OR, alternatively, name of a single firm (having as ted attorney or agent) and the natered patent attorneys or agents. I so name will be printed. INT (print or type) appear on the patent. If an assignted for filing an assignment. INCE: (CITY and STATE OR COORK, NY	is member a miss of up to fine name is 3 Kohn &	ch I. Kohn Associates P
1. Change of correspondence CFR 1.363). 1. Change of correspondence Address form PTO/SB/1 1. Fee Address indication PTO/SB/17; Rev 03-02. Number is required. 2. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer Inc. Pfizer Produ	de address or indication of "F dence address (or Change of 22) attached. ition (or "Fee Address" Indic or more recent) attached. Us DRESIDENCE DATA TO E is an assignee is identified b in 37 CFR 3.11. Completion IEE .cts Inc.	Correspondence ation form to of a Customer BE PRINTED ON THE PATE action, no assignee data will a of this form is NOT a substite (B) RESIDE	printing on the patent front page, names of up to 3 registered patents OR, alternatively, name of a single firm (having as ted attorney or agent) and the natered patent attorneys or agents. I no name will be printed. INT (print or type) appear on the patent. If an assignment for filing an assignment. INCE: (CITY and STATE OR COORK, NY	is member a miss of up to fine name is 3 Kohn &	ch I. Kohn Associates F
1. Change of correspondenc CFR 1.363). 1. Change of correspond Address form PTO/SB/1 1. "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE. Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer Inc. Pfizer Produ Please check the appropriate 4a. The following fee(s) are 1.55 to 1	ce address or indication of "F derice address (or Change of 22) attached. ition (or "Fee Address" Indic or more recent) attached. Us DRESIDENCE DATA TO I s an assignee is identified b n 37 CFR 3.11. Completion IEE cts Inc. e assignee category or categor enclosed:	Correspondence Corres	printing on the patent front page, names of up to 3 registered patents OR; alternatively, name of a single firm (having as red attorney or agent) and the natered patent attorneys or agents. I so name will be printed. INT (print or type) appear on the patent. If an assignte for filing an assignment. INCE: (CITY and STATE OR COORK, NY a, CT repatent): I individual XI to of Fex(s): ck in the amount of the fee(s) is e	ent attorneys a member a mes of up to fine name is 3 Kenne i 3 K	th I. Kohn Associates P document has been filed f
1. Change of correspondenc CFR 1.363). 1. Change of correspond Address form PTO/SB/1 1. "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE. Unless recordation as set forth in (A) NAME OF ASSIGN Pfizer Inc. Pfizer Produ Please check the appropriate 4a. The following fee(s) are 1.55 to 1	detice address or indication of "F detice address (or Change of 22) attached. ition (or "Fee Address" Indic or more recent) attached. Us DRESIDENCE DATA TO I s an assignee is identified b n 37 CFR 3.11. Completion IEE cts Inc. e assignee category or categor enclosed:	Correspondence (2) the or agent (2) the or agent (2) the register (2) the register (2) the register (3) are register (4) are register (5) are	printing on the patent front page, names of up to 3 registered patents OR, alternatively, name of a single firm (having as ted attorney or agent) and the natered patent attorneys or agents. I no name will be printed. ENT (print or type) appear on the patent. If an assignment for filing an assignment. INCE: (CITY and STATE OR COORK, NY n, CT te patent): The lindividual (X) of Fee(s):	ent attorneys a member a general gene	Associates F

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete; including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMD control number.

Typed or printed name

**

Registration No.

30,955